

Patent Attorney's Docket No. <u>025219-337</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| ln re Pat  | ent Application of )  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Peltie, et al.   |   | Group Art Unit: 2877                   |  |  |  |  |  |
| Applicat   | ion No.: 09/915,514   | Examiner: Unassigned                   |  |  |  |  |  |
| Filed: J   | uly 27, 2001  | TC                                     |  |  |  |  |  |
|  | POLARIZED LIGHT FLUORESCENCE ) MAGEING DEVICE )   | 2800 MAIL TOOM  NSMITTAL LETTER        |  |  |  |  |  |
|  | AMENDMENT/REPLY TRA   | NSMITTAL LETTER 3                      |  |  |  |  |  |
| Assistant Commissioner for Patents Washington, D.C. 20231        |   |  |  |  |  |  |  |
| Sir:   |   |  |  |  |  |  |  |
| Enclosed is a reply for the above-identified patent application. |   |  |  |  |  |  |  |
| []   | A Petition for Extension of Time is also enclosed.  |  |  |  |  |  |  |
| ι 1  | A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the requisite Government fce are also enclosed.                       |  |  |  |  |  |  |
| [X]  | -Also enclosed is Patent Application Bibliographic Data Sheet   |  |  |  |  |  |  |
| [.]  | Small entity status is hereby claimed.  |  |  |  |  |  |  |
| [ ]  | Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e). |  |  |  |  |  |  |
|  | [ ] Applicant(s) previously submitted, requested.   | on, for which continued examination is |  |  |  |  |  |
| []   | A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.  |  |  |  |  |  |  |
| [X]  | No additional claim fee is required.  |  |  |  |  |  |  |

(10/00)

Amendment/Reply Transmittal Letter Application No. <u>09/9 | 5,514</u> Attorncy's Docket No. <u>025219-337</u> Page 2

[ ] An additional claim fee is required, and is calculated as shown below:

|                           | No. Of<br>Claims | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA<br>CLAIMS                       | RATE              | ADDT <sup>1</sup> L<br>FEE |
|---------------------------|------------------|---|---------------------------------------|-------------------|----------------------------|
| Total Claims              |                  | MINUS ==                                  |                                       | × \$18.00 (103) = | <del> </del>               |
| Independent Claims        |                  | MINUS ==                                  |                                       | × \$84.00 (102) = |                            |
| If Amendment adds no      | ultiple depende  | ent claims, add \$280                     | 0.00 (104)                            |                   |                            |
| Total Amendment Fee       |                  |   | · · · · · · · · · · · · · · · · · · · |                   |                            |
| If small entity status is | claimed, subt    | ract 50% of Total A                       | mendment Fe                           | c                 |                            |

| ] | A claim fee in the amount of \$ | is enclosed. |
|---|---------------------------------|--------------|
| ] | Charge \$to Deposit Account     | No. 02-4800. |

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: November 27, 2001

(10/00)